OFFICE OF THE STATE PUBLIC DEFENDER CLIENT COMPLAINT FORM

If you wish to make a complaint against your public defender, please complete this form and submit it to the regional deputy public defender in your area. Click here for a list of regional offices. The regional deputy public defender will contact you in person or by telephone for further information.

| Date: |
|-----------------------|
| Your Name: |
| Your Address: |
| Your Phone Number: |
| Your Attorney's Name: |
| Your Complaint: |
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Submit your complaint to your regional deputy public defender. Click <u>here</u> for a listing of regional offices.

The regional deputy will make a decision regarding any action to be taken and will advise you of the decision.

The entire grievance policy is available from this office or on our <u>website</u> (opd.mt.gov/Resources/OPD Policies/Policy 110).